

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213523778			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: THE RICHMOND SENIOR NETWORK, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ROBIN S GNATOWSKY 4860 COX RD STE 200 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 3/31/2013</p> <p>SCC ID NO: 05931159</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: C/O LAW OFFICES OF ROBIN S GNATOWSKY 4860 COX RD STE 200</p> <p style="text-align: center;">CITY/ST/ZIP: GLEN ALLEN, VA 23060</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBIN S GNATOWSKY TITLE: 2d Asst Sec. ADDRESS: 11837 PARK FOREST WAY CITY/ST/ZIP/CO: GLEN ALLEN, VA 23059 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ROBIN S GNATOWSKY TITLE: 2d Asst Sec. ADDRESS: 11837 PARK FOREST WAY CITY/ST/ZIP/CO: GLEN ALLEN, VA 23059	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Carl Duffey Memb Comm Chair 13802 Barnes Springs Road Midlothian, VA 23112	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Susan O Prog Comm Chair 9641 Groundhog Dr. Bon Air, VA 23235	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Debbie Scott SECRETARY 7999 Ellerson Station Dr. Mechanicsville, VA 23111	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Nancy Boyer President Elect 1221 Creek Wood Trail Ashland, VA 23005	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ROBIN S GNATOWSKY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBIN S GNATOWSKY, 2d Asst Sec. PRINTED NAME AND CORPORATE TITLE	5/20/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			